MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/684227 | FILING DATE

APPLICANT(S)

7/5/05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				1		
5			1			
6			1			
7			1			
8			1			
9				1		
10				3		
11			1			
12			1			
13				1		
14				1		
15				3		
16				3		
17				1		
18				1		
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TOTAL IND.			7			
TOTAL DEP.			36			
TOTAL CLAIMS			43			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						